

U.S. DEPARTMENT OF AGRICULTURE
RECOMMENDATION & APPROVAL OF AWARDS

CASE NO. (Personnel Use Only)

NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.

1. AGENCY	2. NAME OF EMPLOYEE (Last, first, middle initial)	
3. SOCIAL SECURITY NO.	4. POSITION TITLE	5. PAY PLAN-SERIES/GRADE/STEP
6. ORGANIZATION AND LOCATION	7. PERIOD COVERED FOR AWARD (mm, dd, yy) From: To:	8. ACCOUNTING CODE
9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address): ➡	(ADDRESS)	
10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date.)		

11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (This language will appear on the employee's certificate.)
EMPLOYEE IS BEING RECOGNIZED FOR:

COMPLETE THE APPROPRIATE AWARD SECTION

EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED (check one) <input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION * <input type="checkbox"/> KEEPSAKE AWARD <input type="checkbox"/> EXTRA EFFORT AWARD * <input type="checkbox"/> SPOT AWARD <input type="checkbox"/> GAINSHARING AWARD <input type="checkbox"/> TIME OFF AWARD ** <input type="checkbox"/> OTHER * * Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government. ** Attach a description if the contribution exceeds the moderate benefits.				
	13. NO. OF PERSONS	14. TOTAL AWARD (Give dollar amount / hours, or value of item)	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check approp. box) ➡ <input type="checkbox"/> MEASURABLE BENEFITS SCALE <input type="checkbox"/> NONMEASURABLE BENEFITS SCALE	ESTIMATED FIRST YEAR SAVINGS \$ VALUE OF BENEFITS APPLICATION	
PERFORMANCE BONUS AWARD	16. TYPE OF RECOGNITION RECOMMENDED (check one) <input type="checkbox"/> PERFORMANCE BONUS AWARD * <input type="checkbox"/> QUALITY STEP INCREASE * Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the positions were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future. * Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.				
	17. DATE OF LAST PROMOTION		18. DATE OF LAST WITHIN GRADE INCREASE	19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$	

RECOMMENDATION AND APPROVAL

20. RECOMMENDING INDIVIDUAL (Signature)	DATE	21. REVIEWING OFFICIAL (Signature)	DATE
TITLE:		TITLE:	
22. APPROVING OFFICIAL (Signature & Title)			DATE

PERSONNEL USE ONLY

23. AGENCY CODE/POI	27. DATE EFFECTIVE	QUALITY STEP INCREASE: ➡	25. TO: (Grade & Step)	26. NEW SALARY	27. RATE	28. PAY RATE DETERMINANT CODE
I certify that the proposed action is in compliance with statutory and regulatory requirements			29. PERSONNEL OFFICIAL (Signature & Title)			DATE PROCESSED